U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Officet Bre Only

State

Street 1119 H2/2 AVE DE

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## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget

No. 1215-0188

ZIP Code + 4 0 20

Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440

| READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT. |   |
|---|---|
| 1 File Number U - // 8 6 6                                    | 2 Fiscal Year Covered From                          |
|   | 01/01/05 Through 12/31/05                           |
| 3 Name and address of person filing                           | Name Graphic Communications Inthe                   |
| Name JOYCE F. HURIEY  | Name Graphic Communication                          |
|   | LUNION Labor Organization File Number  54450 000373 |
| P.O. Box, Bidg., Room No., if any                             | P.O Box, Building and Room Number, if any           |
| 1   |   |

street 1900 L Street N.E

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Position in labor organization 1-13-05 Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. on General Boak 6. Name and address of Employer (including trade name, if any) street 2223 Central Ave DE minecepolis

City

State

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signature

ZIP Code + 4 5 4 4

Signed Telephone Number

State

| Name of Person Filling SOYCE F. HURICI  | File Number U-   |  |
|---|--|--|
| B. Held an interest in or derived income or economic benefit with monetary visubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization. | rwise dealing with the business<br>ively seeking to represent, or<br>directly to, or otherwise |  |
| 8. Name and address of Business (including trade name, if any).  Name TOTEN POLICIONAL BY STANDARD  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 25 NOUS (NOIA)  City Wash Market Sip Code + 4  2001 - 2196   | 9. Business deals with:  a. Labor Organization  b. Trust  c. Employer                          |  |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.   | 11.a. Nature of such dealing.  |  |
| Name  | Reception at Conventor   |  |
| Trade Name, if any:   | Recepton at Conventor<br>Prior to Merger   |  |
| P.O. Box, Bldg., Room No., if any   |  |  |
| Street  | 8 00   |  |
| City  | 11.b. Approximate dollar value of such dealing. 25 - 40  |  |
| ·   | 12.a. Nature of interest held or income received.  |  |
| State ZIP Code + 4  | Up coming Merger<br>Vote   |  |
|   |  |  |
| C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.  |  |  |
| 13.a. Name and address of Employer or Labor Relations Consultant<br>(including trade name, if any).   | 14.a. Nature of payment.   |  |
| Name  | 40 CXXX  |  |

| 13.a. Name and address of Employer or (including trade name, if any). | Labor Relations Consultant | 14.a. Nature of payment.   |
|---|----------------------------|----------------------------|
| Name  |                            | ALC WYLL                   |
| Trade Name, if any:   |                            | 00) 400                    |
| P.O. Box, Bldg., Room No., if any                                     |                            | SO WY                      |
| Street  |                            | 500//                      |
| City  |                            |                            |
| State   | ZIP Code + 4               |                            |
| 13.b. Is the Business an Employer                                     | or Consultant              | 7 14.b. Amount of payment. |
| Form LM-30 (2003)   |                            | .4                         |

8-15-05 I'm renove of their has to be preparted. I infured & the Finter-National Presidents
Office about reporting this I received a call
about 10 days by text may wastal enquery: we was
told Not to Filett However after treading The rules, it appears it Should. The Secondo day of own International Convention, where a morger with the Centernational Brother hoots Seamstiers Was pending a vote to merge. Balloxs Were Sif to be Dent of yothlavery The Convention. Obe FBT address is 25 Sousang.
Ove NW., Washington D.C. 2,0001-2198. The IBT hossed a Preceptor Ow Tuesday evening as well as having a hospititality Room I every day druring the Converge Le enly attended the Reception which was greet lavent, he cannot get the CoSt g thes laws from the consentended and we have part g a completed and we now the HBT. Completed and we have the HBT.